

nal, Dr. Stone, after reporting a case of tracheotomy for the removal of a grain of corn, appends some excellent remarks in favour of immediate action, where it is ascertained that foreign bodies have lodged in the trachea. Although the case above reported did well after waiting six days, yet I am satisfied that the delay subjected the patient to great risk, and under similar circumstances I should operate immediately. The danger of sudden suffocation, and of grave local and constitutional irritation from the presence of a foreign substance remaining in the trachea, overbalance the possibility of its being expelled during a paroxysm of coughing.

ART. XIX.—*On Incurved Toe Nail.* By ISAAC G. PORTER, M. D.,
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HAVING myself been a sufferer ('ομοιοπαθης') from this annoying affection, I can speak feelingly on the subject, and I am induced to record my experience, personal and otherwise, in regard to it, in the hope of affording relief to others similarly afflicted.

This affection arose in my case, as is usual, from wearing too short a boot, by which the dorsum and edges of the nail were pressed downwards, and the integuments upwards, for want of room. At the time of its occurrence, I was visiting similar cases, and, it being easier to manipulate on others than on one's self, they escaped with only slight inflammation and suffering, but before I was aware, profuse granulation had occurred in my case, and months elapsed before the annoyance ceased. It is well known how surely and rapidly recovery ensues in such affections, when from any cause, such as a fever, the patient is compelled to cease walking, and to recline in a horizontal position; but the problem is, as in this case, how to be restored, without relinquishing active exercise. Treatment was attempted by endeavouring to remove pressure, and drawing the soft parts from contact with the nail by adhesive plaster, at the same time interposing lint. Inflammation and suppuration, however, having occurred at the outset, the integuments being thereby thickened and enlarged, and the granulations profuse and irritable, the edge and corner of the offending nail could not be removed. Caustics and the knife were frequently used, but no permanent

¹ Sydenham inculcates the beautiful sentiment, that "the physician ought seriously to consider, that he, himself, is not exempt from the common lot of mankind, but is subject to the same laws of mortality, the same accidents, and the same sorrows as others; therefore, let him, *fellow sufferer* ('ομοιοπαθης) as he is, with greater diligence and love, seek to relieve the sick and the afflicted."

benefit resulted. The seat of the affection was, as is usual, the outer corner of the large toe.

The points subsequently developed were the following :—

1st. The importance of removing *all* pressure, even the slightest, from the irritable granulations, an elastic stocking being sufficient to perpetuate the mischief. This becomes especially manifest in drawing on a boot, and until the evil is in some way abated suppuration and granulation will continue. This was effectually accomplished by the following procedure, a course which it may be prudent to adopt even in mild cases where the evil has previously existed merely as a preventive measure. After a loose stocking had been drawn on the foot a friend was requested, having pulled its extreme end forward, to stitch a seam partly across it in front of all the toes except the large one, thereby hanging or resting the stocking on the second and third toes, leaving the affected phalanx in a sulcus. Thus all pain was prevented even in drawing on a boot. But not even a buckskin shoe could be worn. Hence a circular piece of leather from a partly worn boot the size of a quarter dollar was removed directly over the affected nail. To avoid attracting notice when abroad, a small piece of black silk was tacked on the stocking beneath the circular opening in the boot, which prevented nearly all observation and inquiry. This method is much more effectual than the crucial and other incisions which are sometimes made.

2d. The point is mooted whether, in such cases, it is proper to remove a portion of the nail, some affirming that, as it will soon grow out, it will ultimately do no good, preferring, as they say, to let the corners of the nail grow to considerable length; while the middle of the dorsum is kept very short, and shaved thin. This opinion is doubtless founded on a misnomer in the title of this affection, and a mistake as to its true cause. “A name often blinds us to facts.” It is not affirmed that there may not be cases where, from mechanical injury, or a diseased condition at its base, the nail may not be incurvated; but, in a very large proportion of cases, the disease is in the soft parts, and arises from pressure. Where the inflammation is slight, or even where suppuration has occurred, if the corner of the nail can be skilfully removed, the trouble ceases, as certainly as when a thorn is removed from the flesh, provided all future pressure is prevented; and, long before the nail grows out, the parts will have healed. Having never met with a true incurvated nail, the writer has nothing to offer in regard to its proper treatment.

3d. If granulations have in any case freely sprung up, and have effectually concealed the corner of the nail which is irritating the swollen integuments, then it is doubtless proper to foment and poultice the part, that inflammation may be allayed, and an attempt made to remove a portion of the nail. If unsuccessful, then the choice lies between the knife and caustic, and, if the latter, the question arises which one is the best. In the present case, the knife was used by a friend, as were nit. argent. and exsiccated

alum ; but the granulations returned, possibly because *all* pressure was not removed. Subsequently, resort was had to the method mentioned above for relieving even the weight of the stocking, and, soon after, to a hot, saturated solution of alum, as recommended in this *Journal* (July number, 1854, p. 246) for obstinate ulcers about the toe nail. It was applied with a hair pencil as hot as could be borne, following which, small pledgets of lint, wet with it, and covered with oil-silk, were applied. After twenty-four hours, dry lint was substituted, wet and dry applications being alternated. Under this treatment, which was not painful, the granulations flaked off, or were absorbed, and, at the end of three days, were so far diminished that the macerated corner of the nail was easily removed. Many months have since elapsed, with no return of the annoying evil.

The hot, saturated solution of alum acts kindly as a mild caustic. Why may it not be of use, generally, in spongy granulations of small extent ? Being applied hot, in order to manifest its greatest efficiency, may be an objection in irritable surfaces of much extent. Holding in solution, as it does, an excess of the salt, this excess is deposited, on cooling, in an impalpable powder ; and, in small granulations or ulcerations, particularly about the nails, its action is unique and salutary.